

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$662.75 for date of service 03/21/01.
- b. The request was received on 02/27/02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution dated 02/27/02
  - b. HCFA(s)
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and/or Response to a Request for Dispute Resolution dated
  - b. HCFA(s)
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 05/10/02. The 3 day response from the insurance carrier was received in the Division on 03/04/02. All of the information in the case file will be reviewed, and a decision written accordingly..
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor:

“We initially submitted our claim on the 03/12/01 date of service and received the explanation of benefits, which reflects a reduction in our fees by \$1168.50.00.[sic] The reason given initially was, ‘Multiple surgical procedures billed on the same day will be reimbursed at 100% for the major procedure and 50% for each subsequent procedure per surgery ground rule D.’ According to the Multiple Procedure rule, D,1,C, ‘Secondary or subsequent procedures performed in remote areas that are unrelated to the primary procedure and requiring additional preparation shall be reimbursed at the lesser of the provider’s usual and customary fee or 100% of the MAR.’ This patient had four procedures performed, to **two separate sites through two separate incisions**. The code of 64718 and 64708-51 were performed to the **elbow**, and 15750 and 64721-22-51 were performed to the **wrist**, which required additional preparation for each site. The operative report is enclosed and will confirm this situation.”

2. Respondent:

The respondent did not submit a letter responding to medical dispute resolution.

### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/12/01.
2. The denial code listed on the EOB is “F-MULTIPLE PROCEDURES BILLED ON THE SAME DAY WILL BE REIMBURSED AT 100% FOR THE MAJOR PROCEDURE AND 50% FOR EACH SUBSEQUENT PROCEDURE PER SURGERY GROUND RULE D. PAGE 64 04/01/96 TEXAS MEDICAL FEE GUIDELINE.”

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
03/12/01	64718	\$1,113.00	\$556.50	F	\$1,113.00	MFG SGR; (I)(D)(c)	According to the referenced rule, "Secondary or subsequent procedures performed in remote areas that are unrelated to the primary procedure and requiring additional preparation shall be reimbursed at the lesser of the provider's usual and customary fee or 100% of the MAR." Medical documentation indicates that the procedures were unrelated as described in the operative report as "Ulnar medial epicondylectomy" of the right elbow and "Redo carpal tunnel release" of the right wrist. This indicates that these are two separate areas of surgery and both are unrelated. Therefore, additional reimbursement is recommended in the amount of <b>\$556.50</b> .
03/12/01	64721-22-51	\$531.00	\$106.25	F	\$850.00	MFG SGR; (I)(D)(c)	According to the referenced rule, "Secondary or subsequent procedures performed in remote areas that are unrelated to the primary procedure and requiring additional preparation shall be reimbursed at the lesser of the provider's usual and customary fee or 100% of the MAR." Medical documentation indicates that the procedures were unrelated as described in the operative report as "Ulnar medial epicondylectomy" of the right elbow and "Redo carpal tunnel release" of the right wrist. This indicates that these are two separate areas of surgery and both are unrelated. Therefore, additional reimbursement is recommended in the amount of <b>\$106.25</b> .
<b>Totals</b>		\$1,643.00	\$662.75				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$662.75</b> .

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$662.75 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 1st day of August 2002.

Michael Bucklin, LVN  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.